	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER		CLAIN	ns I	Ţ•		•		1.	
	IND.	OEP.	IND.	DEP.	IND.	DEP.	}		IND.	DEP.	IND.	OEP.	IND.	DEP.
1	1/] 4	51						
2			L]	52						
3			ļ					53		<u> </u>	ļ	<u> </u>		
4		<u> </u>	 	ļ	-		i .	54	<u> </u>	ļ			 	├ ──
. 5 6		<u> </u>	 				ł	55				ļ	 	
7			 				-	56			<u> </u>	ļ	 	
- 8			 				1	57				 		
9			 			-	1	58 59			 	 		
10			 				1	60						
11	7						t .	61				 		
12								62						
13	7						1	63				<u> </u>		
14		_					j	64						
15							j	65						
16]	66						
17								67						
18								68				ļ		
19								69					ļ <u>.</u>	ļ
20								70	<u>. </u>			ļ		<u> </u>
21								71						
22								72				ļ .		<u> </u>
23							i l	73						
24 25							ł	74				<u> </u>	 	—
26							l	75 76					 	
27							ł	76 77					 	
28						· · · · · ·		78			-		<u> </u>	· · · · · · ·
29								79					 	
30								80	~					
31								81	_					
32						•		82			•			
33								. 83						
34								84						
35						. !		85						
36								86					<u> </u>	
37								87						
38								88					<u> </u>	
39							.	89					-	
40								90					-	
41								91						
43				-				92 93						
44								94						
45								95						
46							 	96						
47								97						
48								98						
49								99						
50			<u> </u>				[100]
TOTAL	4			, ,				TOTAL IND.				•		1 1
TOTAL DEP.	13	-		ا ب		ا ب		TOTAL DEP.		.	_	•••		ا ب
TOTAL	72	<u> </u>										Γ	├──	
PTO-136	/ /	<u> </u>	<u> </u>	<u> </u>	L			TOTAL CLAIMS		L	L.,			